| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | *Maile* | | 10-11-01 |
| O.I.P.E. CLASSIFIER | | *uKw* | 10/9/01 |
| FORMALITY REVIEW | *ET* | 926 | 11/20/01 |
| | *AM* | 917 | OK-03-02 |

## INDEX OF CLAIMS

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| ✔ .......................... Rejected | N .......................... Non-elected |
| = .......................... Allowed | I .......................... Interference |
| − (Through numeral) Canceled | A .......................... Appeal |
| ÷ .......................... Restricted | O .......................... Objected |

| Claim (Final / Original) | Date (10/02, 1/03, 6/12/03) |
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| Claim (Final / Original) | Date |
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If more than 150 claims or 10 actions
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